| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004   |  |   |  |                                |  |                               |     |                    | Application or Docket Number |                            |                            |                        |
|--|--|---|--|--------------------------------|--|-------------------------------|-----|--------------------|------------------------------|----------------------------|----------------------------|------------------------|
|  |  | CLAIMS                                    | AS FILED -   |                                | (Column 2)                             |                               |     | SMALL ENTITY TYPE  |                              | OTHER THAN OR SMALL ENTITY |                            |                        |
| U.S. NATIONAL STAGE FEES   |  |   |  |                                |  |                               | ] [ | RATE               | FEE                          |                            | RATE                       | FEE                    |
| BASIC FEE  |  |   | SMALL ENT. = \$ 150  |                                | LARC                                   | GE ENT. = \$ 300              | 1   | BASIC FEE          |                              | OR                         | BASIC FEE                  | 300                    |
| EXAMINATION FEE  |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100                  |                                |  | her situations = 100 / \$ 200 |     | EXAM. FEE          |                              |                            | EXAM. FEE                  | 200                    |
| SEARCH FEE   |  |   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                                | All other situations = \$ 250 / \$ 500 |                               |     | SEARCH FEE         |                              |                            | SEARCH FEE                 | 400                    |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus 100 =  |                                | / 50 <del>=</del>                      |                               |     | X \$ 125 =         |                              |                            | X \$ 250 =                 |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | 33 minus 20 =  |                                | * 13                                   |                               |     | X \$ 25 =          |                              | OR                         | X \$ 50 =                  | 650                    |
| INDEPENDENT CLAIMS   |  |   | minus 3 =  |                                | *                                      |                               |     | X \$ 100 =         |                              | OR                         | X \$ 200 =                 |                        |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PRI                            | ESENT  |                                |  |                               |     | + \$ 180 =         | ·                            | OR                         | + \$ 360 =                 |                        |
| * If   | the difference                                 | in column 1 is                            | less than zero   | , enter "(                     | )" in co                               | olumn 2                       |     | TOTAL              |                              | OR                         | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  |  |   |  |                                |  |                               |     | SMALL ENTITY       |                              | OR                         | OTHER THAN OR SMALL ENTITY |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY                           | PRESENT<br>EXTRA              |     | RATE               | ADDI-<br>TIONAL<br>FEE       |                            | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus  | **                             |  | =                             |     | X \$ 25 =          |                              | OR                         | X \$ 50 =                  |                        |
|  | Independent                                    | *   | Minus  | ***                            |  | =                             |     | X \$ 100 =         |                              | OR                         | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                |  |                               |     | + \$ 180 =         |                              | OR                         | + \$ 360 =                 |                        |
|  |  |   |  |                                |  |                               | •   | FEE                |                              | OR                         | TOTAL ADDIT.<br>FEE        |                        |
|  |  | (Column 1)                                |  | (Colun                         |  | (Column 3)                    |     |                    |                              |                            |                            |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUME<br>PREVIC<br>PAID | BER<br>OUSLY                           | PRESENT<br>EXTRA              |     | RATE               | ADDI-<br>TIONAL<br>FEE       |                            | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus  | **                             |  | =                             |     | X \$ 25 =          |                              | OR                         | X \$ 50 =                  |                        |
|  | Independent                                    | *   | Minus  | ***                            |  | =                             |     | X \$ 100 =         |                              | OR                         | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                |  |                               |     | + \$ 180 =         |                              | OR                         | + \$ 360 =                 |                        |
|  |  |   |  |                                |  |                               | 7   | OTAL ADDIT.<br>FEE |                              | OR                         | TOTAL ADDIT.<br>FEE        |                        |
| <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".</li> <li>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</li> </ul> |  |   |  |                                |  |                               |     |                    |                              |                            |                            |                        |